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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440

For Official Use Only				
E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
C S De OF				
1 File Number U - 1083	2 Fiscal Year Covered From			
,	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name Greg Post	Name [I.B.E W Local Union #86			
	Labor Organization File Number 046953			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 106 McLain Drive	Street 2300 E. River Rd.			
City Spencerport	City Rochester			
State New York ZIP Code + 4 14559-2217	State New York ZIP Code + 4 14623-1036			
5 Position in labor organization President/Referral Agent/JATO	Instr			
Enter appropriate data below if, during the past fiscal year, you or your spongers as specified in the exclusion of the exclu	use or minor child directly or Indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
6 Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction, or Income.			
Name N/A	N/A			
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street	7 b Amount.			
City	\$0			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned decleres, under penalty of submitted in this report (lactuding the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the se	ring documents), has been examined by the signatory and is, to the best of the			
Signed	On 8/12/2005 (585) 235-1510			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Telephone Number			

Name of Person Filing Greg Post	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any).  Name RJATC  Trade Name, if any Rochester Joint Apprenticeship and PO Box, Bidg, Room No, if any Street 2300 E River Rd.  City Rochester  State New York ZIP Code +4 14623-1036	9 Business deals with  a Labor Organization  X b Trust  c. Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	<del></del>		
Name RJATC	2 tickets to Apprenticeship Gradua	tion Awards Dinner		
Trade Name, if any Rochester Joint Apprenticeship and PO Box, Bldg, Room No., if any Street 2300 E River Rd City Rochester State New York ZIP Code + 4 14623-1036	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	\$86		
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.			
(including trade name, if any)	N/A	j		
Name N/A				
Trade Name, if any				
P O Box, Bidg , Room No , if any				
Street		İ		
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b. Amount of payment.	\$0		

Name of Person Filing Greg Post	File Number U-

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name RJATC	a Labor Organization	
Trade Name, if any Rochester Joint Apprenticeship and		
P O Box, Bldg , Room No , if any	b Trust	
Street 2300 E. River Rd.	c Employer	
City Rochester		
State New York   ZIP Code + 4   14623-1036		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name RJATC	NFPA-70E Train-The-Trainer Course	
Trade Name, fany Rochester Joint Apprenticeship and PO Box, Bldg, Room No, if any Street 2300 E. River Rd.  City Rochester		
State New York ZIP Code + 4 14623-1036	11 b Approximate dollar value of such dealing	\$914
	12 a Nature of interest held or income received	
	12 b Amount	

Name of Person Filing	Grea Post		File Number U-	
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## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with:	
Name Pension Plan of Local No. 86  Trade Name, if any  P O Box, Bidg, Room No, if any  Street 2300 E. River Rd  City Rochester	a Labor Organization  b Trust  c. Employer	
State   New York     ZIP Code + 4   14623-1036		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Pension Plan of Local No 86  Trade Name, if any  PO Box, Bidg, Room No, if any  Street 2300 E River Rd  City Rochester  State New York ZIP Code + 4 14623-1036	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	<u> </u>
	Payment of lost time wages from wo as a Trustee to the Pension Plan o dates. 1/28/2004 and 7/28/2004	rk for sitting as n the following
	12 b Amount	\$271